

TRANSMITTAL

FORM APR 11 2005

PATENT AND TRADEMARK OFFICE  
U.S. DEPARTMENT OF COMMERCE

Total Number of Pages in this Submission

Application Number:	09/776,252
Filing Date:	February 2, 2001
First Named Inventor:	Andrew Ellington
Art Unit:	1634
Examiner Name:	B.J. Forman
Attorney Docket Number:	CLFR:200US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$600
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: 50-1212/CLFR:200US/DLP.
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Postcard	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Declaration(s) _____		
<input type="checkbox"/> Copy of Notice of Missing Parts		

Remarks: If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/CLFR:200US/DLP.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	David L. Parker	Reg. No.	32,165 /37,642
Date	April 7, 2005		

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or Printed Name	Steven L. Highlander
Date	April 7, 2005